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It has been ten years now since the White House Conference on Food,

op. 2 Health and Nutrition first focused national attention on food and its
relationship to health.

We've come a long way in those ten years in fighting the problems of
underconsumption. Hunger and starvation and the diseases related to them have
been diminished very substantially by the institution and expansion of publicly-
supported food assistance programs, such as Food Stamps and WIC.

In the past few years, more and more attention has been focused on the
other side of the equation--health problems that may be related to and stem from
overconsumption or unbalanced consumption.

There is strong evidence that the general public is very concerned about
the relationship of diet to health and a fairly strong indication that they
should be.

Obesity, which results from consuming more calories or food energy than
we use, is generally regarded to be risk factor in hypertension, heart disease,
and diabetes. About one-third of today's obese adults were overweight as
children, and an obese child is at least three times more likely to be an
overweight adult.

Many scientists believe that the diets of a large proportion of today's
children contain considerably more fat and sugar than a reasonable diet should
have, with the result that arteriosclerosis is being discovered in seemingly
healthy young people in their late teens.

The combination of cholesterol and saturated fat has been linked with
coronary heart disease, and limiting their consumption has been recommended by
as many as 16 international expert committees.

Remarks prepared for delivery by Carol Tucker Foreman, Assistant Secretary of
Agriculture for Food and Consumer Services at the Third National Conference on
Nutrition, Hyatt Regency Hotel, Washington, D.C., October 2, 1979.

Americans spend \$2 billion per year on dental care, much of it to repair the damage done by sugary materials. By age 11, the average American child has three permanent teeth damaged by decay. By age 17, eight or nine permanent teeth have decayed, been filled, or are missing.

The public is aware of these facts and is concerned about them.

The 1978-79 American Family Report, a survey done by Yankelvoich, Skelly, and White, reveals that:

--a majority of American families is ready to accept a new and more active approach to health--one which would require supplementing traditional means of health care with new approaches aimed primarily at preventing health problems before they arise;

--Seven out of 10 adult family members agree that most Americans today are more concerned about preventive health care than they were a few years ago;

--American family members are concerned now about many food products such as chlosterol, fats, and food additives, which were not a concern in the past;

--Americans believe that being overweight is a "serious health hazard," although more than one-third of all families have at least one member who is overweight;

--About two-thirds of adult family members do not exercise regularly;

--American family members are more conscious of the need for good nutrition than they used to be. One-fourth say they are eating more nutritiously and counting calories more carefully than they did a year ago.

The interest in nutrition is there. It provides not just a positive environment for improved knowledge and practice, but a mandate for action by government and industry.

Last year in his keynote address to this conference, Don Kennedy said the 1970's is the decade in which people have discovered nutrition. As is frequently the case, the American people were far ahead of professional groups and their government in sensing a relationship between diet and health and seeking guidance in dealing with it.

If we are truly a government of the people, we must be prepared to assist the people in securing the information they want.

If our economic system is truly a free enterprise, consumer-oriented one, the food industry should be prepared to provide the kind of food the consumer wants.

Yet for most of the 1970's, the public's desire for nutrition guidance seemed to be butting up against a very hard wall of government and professional disinterest, inadequate data and industry oxen fearful of being gored. When non-professionals asked questions or posed hypotheses, it was fairly easy to accuse them of being faintly flakey.

The branch of government closest to the people--the Congress--was the first to respond. And for their effort they got their lumps from every conceivable quarter. When the Senate Nutrition Committee published the Dietary Goals, there were screams of pain and outrage and an immediate massing of discrediting forces, many of whom were torn between loudly lambasting the goals or ignoring them and hoping they would go away. It is the same dilemma described in the old nursery rhyme:

"As I was going up the stair,

I met a man who wasn't there.

He wasn't there again today,

Oh, how I wish he'd go away."

The Dietary Goals document has been altered substantially since its first publication, but the courage and foresight of those who put it together have served us well.

The debate was joined. Learned professionals and government officials could not ignore a document published by a Committee of the U.S. Senate. They had to act and they have acted. The debate has moved us very rapidly toward some consensus on problems and goals.

Last May, the American Society for Clinical Nutrition called together a group of distinguished nutrition scientists to study the available evidence and report on the strength of association between dietary factors and prevalent chronic disease. They found four correlations to be of considerable strength. The strongest association was the relationship of alcohol consumption to liver disease. The second was between sugar and dental cavities. The third showed a relationship between salt and hypertension. The fourth showed a relationship between cholesterol and saturated fat and coronary artery disease.

Shortly afterward the Surgeon General of the United States, the nation's highest ranking health official, released a report on health promotion and disease prevention. The report suggests six types of measures that can be taken by individuals and by decisionmakers in the public and private sectors to promote good health. One of those suggestions is moderate dietary changes to reduce the intake of excess calories, fat and cholesterol, salt and sugar.

For about a year now, scientists from HEW and the Department of Agriculture have been working on the development of nutritional guidance for the public. A draft is now circulating, and I can report that there is agreement among these scientists, too on the need to reduce consumption of excess calories, of fat and cholesterol, salt and sugar.

We have come a long way in a short period. The Senate Nutrition Committee's report engendered outrage. The Surgeon General's report got roughly the same response as Ho's tale of woe in Lewis Carroll's Hunting of the Snark:

"There was silence supreme!

Not a shriek, not a scream,

Scarcely even a howl or a groan..."

However, now that health and nutrition professionals have reached a consensus--what next? It's fine to tell the public to eat less of some things and more of others, but how much less and how much more of what particular foods? Should all age and sex groups respond identically? What we have is fine but it isn't enough.

Government and industry must respond.

The first thing that government must do is offer practical advice to those who wish to follow the Surgeon General's advice. We must create a range of diets that: first, provide an adequate amount of essential nutrients; second, reduce consumption of salt, sugar and fat and increase consumption of fruits, vegetables, and whole grain cereals; third, are likely to be acceptable to the public in terms of adequate quantities, palatability, preparation time and complexity; and fourth, are flexible enough to take into account the needs of various age and sex groups.

The U.S. Department of Agriculture's Human Nutrition Center has taken on this responsibility and will soon publish a series of suggested menu guides to accomplish those tasks. Those who choose to eat from the proposed menus will:

- derive 30 percent or less of their total calories from fat;

- limit cholesterol to 300 milligrams per day or less;

- limit refined sugar to 10 percent of total calories;

- and increase consumption of fruits, vegetables, and whole grain cereals.

Constructing menus to achieve all those tasks, is no small achievement. The problems involved have been difficult and not all are resolved. For example, new data shows that 50 percent of the adult population, mostly women, generally consume about 1500 calories a day. It is very difficult to reach the recommended daily allowance (RDA) levels for several nutrients, including iron, calcium, zinc, B-6, and magnesium, at that calorie level.

The Human Nutrition Center is working with the 1979 recommended daily allowances, which are about to be released. The new edition contains recommended levels for 10 vitamins and 14 minerals, including for the first time, two electrolytes and six trace elements, in addition to the recommendations on calories and protein.

Also for the first time, food energy requirements are offered in ranges of approximately 400 calories for 15 different age groups. Trace element recommendations are also given in ranges, rather than fixed levels.

Scientists can devise, 1500-calorie menus which meet these recommendations, but they tend either to vary from typical consumption patterns, or to rely on fortification. Dr. Hegsted and his staff prefer to develop menu patterns that are not unusual and don't rely on fortification. They also want to avoid the other alternative, which is to recommend consumption of more calories and greater exercise. They believe the food system is versatile enough to meet human needs without fortification, wild food concoctions, or enormous physical exertion.

The offering of dietary guidance is an appropriate and important response by government to a clear desire by the public. It is a particularly appropriate function for the government's food agency, the U.S. Department of Agriculture.

The purpose of dietary guidance is to help people select food on the basis of the best current knowledge of nutrition and to show how good nutrition can help maintain health and reduce disease risk.

It is, however, important to understand the limitations of such guidance. There is no one super, perfect diet for us all. We are not nutritional clones.

Dietary guidance is not a nutritional insurance policy that guarantees if you do this or that, you shall be free of disease forevermore.

Government and the food industry have worked together to virtually eliminate in this country the deficiency diseases resulting from under-consumption. Now we must work together to offer the public assistance in avoiding the chronic diseases associated with over-consumption and unbalanced consumption.

Dietary guidance is one major step. What else should government do?

Well, obviously government must expand the availability and update the adequacy of all of the nutrition information it offers. We've made a start through:

--The revised food guide in our publication Food which was written before the Surgeon General's report and will be updated along with other materials produced by the Human Nutrition Center.

--The development of a mass media campaign directed at children, telling them the virtues of nutritional snacks and eating breakfast.

--The development of new food stamp nutrition information--one example of which is before me today. Please note the caution label on that fifth food group of fats and oils and highly sugared things.

Another place where government obviously must play a role is in the patterns we set for government-funded feeding programs. We've made a start there as well.

We have taken steps to reduce the salt, sugar and fat content in school lunches and breakfasts. The fat in ground beef served in schools has been reduced from 28 percent to 22 percent.

To reduce sugar, USDA-donated canned fruit was available last year in light, instead of heavy, syrup. This year, it is available packed in its own juice.

We've proposed and tested the most sweeping changes in school meal patterns since the inception of the school lunch program in order to more adequately meet the nutritional needs of children of different ages.

We have introduced fresh fruit into the lunch program and are experimenting with regional purchases to overcome the problems inherent in national distribution.

In writing regulations for the new prescription food packages for participants in the supplemental feeding program for Women, Infants, and Children (WIC), the Food and Nutrition Service is carrying out the direction of Congress to design food packages which:

- 1) Contain those nutrients which research showed to be lacking in the diets of the target population, and
- 2) Ensure, to the extent possible, that the fat, sugar, and salt content of the prescribed foods be appropriate.

USDA has defined--for the first time--foods of minimal nutritional value and we are attempting to limit the sale of those foods in public schools. No one has ever tried to define minimal nutritional value before.

I confess that if regulations were written just to suit Carol Foreman's personal preference, the competitive foods rule would go further.

But my preference and yours are writ neither in science nor in legislative mandate. As our knowledge of nutrition continues to evolve, so, too, will our ability to act on prickly issues like this one.

Many of you voiced the concern that the definition didn't matter because food could be fortified to meet the standard.

Well, we could have waited for the FDA guidelines. We could have waited for the Surgeon General's report. We could have waited for more data. We could have waited for Congress to broaden the legislative mandate. We could have waited for the cows to come home and for the millenium to dawn.

We chose to act--to make a beginning.

That choice has not been universally acclaimed. It has been hailed, on the one hand, as a cave-in to the snack food industry, and on the other, as a bureaucracy gone berserk, setting forth to wage war on the jelly bean.

I believe USDA deserves credit for breaking new ground; for trying, for the first time, to define just what is minimal nutritional value.

I believe the Carter administration deserves credit for stepping up nutrition research; for increasing federal funding for nutrition education; for improving the nutritional quality of federal food assistance programs; and for working to upgrade nutritional labeling requirements.

Government is clearly broadening its nutritional role, both as educator and regulator.

There is activity in another area. The Department of Agriculture (USDA), Food and Drug Administration (FDA), and the Federal Trade Commission (FTC) will soon publish for comment a document that will suggest improved labeling for salt, sugar, and fat, and state our commitment to seek new legal authority to make it possible for us to do that job even better.

Should government go further? Surely no one quarrels with better information, more stringent requirements on federally funded programs or requirements for better labels. But government can do more and go further if the public wants it to do more. For example, government regulations set a maximum of 30 percent fat in processed meats. Government could reduce that maximum. That would increase the cost of processed meats because fat is cheaper than lean. Perhaps, in addition, the new dietary information from the Human Nutrition Center will make it imperative to reexamine the adequacy of the Thrifty Food Plan upon which the food stamp allotment is based. That probably would increase the cost of the food stamp program.

But government is not the only actor here. The food industry is on the threshold of a major decision, and it may be the most important decision on this entire issue. The food industry--producers, processors, and retailers--can choose to dig in and fire away at the national nanny, do-gooder, blankety-blank Surgeon General and Human Nutrition Center, or it can choose to grab the information from the Human Nutrition Center and turn it into a major marketing strategy. The industry has taken such initiatives in the past. They developed enriched flour, and poly-unsaturated margarines. They reduced the lard weight of pork, and packed fruit in its own juice--to name just a few.

Several supermarket chains have seized the initiative by offering nutrition and health information programs, ranging from the provision of nutrition information, to broader activities which address shopping and meal habits, diet, exercise, and life style.

For example, Giant Food, in cooperation with the Heart, Lung, and Blood Institute of the National Institute of Health, is conducting a pilot nutrition information program which focuses primarily on heart health, concentrating on cholesterol, fats, and salt. It does touch, however, on sugars and general nutrition information.

I appreciate this kind of information being available.

Also, two New York grocery chains, in cooperation with the Cooperative Extension Service of Cornell University, have a nutrition education pilot project underway to study how consumer food choices are influenced by a variety of nutrition education methods.

Should industry go further? Should processors follow the lead of the retailers? There is a beginning--one processed meat company is starting to market a low fat frankfurter. I hope others will follow this lead.